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## FACSIMILE

### TO:

Examiner Michael Meller	Assistant Commissioner for Patents	703-746-5254
NAME	COMPANY/FIRM	FAX NUMBER
Washington	DC	
CITY	STATE	(TELEPHONE NUMBER)

### FROM:

Patrea L. Pabst	404-817-8473	25
NAME	TELEPHONE	TOTAL PAGES (Including Cover Sheet)

### FOR THE RECORD:

DATE: February 26, 2003	URGENCY: <input type="checkbox"/> SUPER RUSH	<input type="checkbox"/> RUSH	<input type="checkbox"/> REGULAR
FAXED BY:	FILE # 077818/00008	CLIENT NAME	IT 106
CONFIRMED: <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME:	TIME:	

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## MESSAGE

**PER PHONE CONVERSATION TODAY, COPY OF DOCUMENTS FILED  
PREVIOUSLY.**

Applicants: Elizabeth M. Denholm, Yong-Qing Lin, and Paul J. Silver

Serial No.: 09/715,965

Group Art Unit: 1651

Filed: November 17, 2000

Examiner: Meller, M.

For: *ATTENUATION OF TUMOR GROWTH, METASTASIS AND ANGIOGENESIS*

ATL1 #509874 v1

NO. 5397 P. 2/25

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TO: **Assistant Commissioner**  
**Group 1600 Before Final** For Patents **703-808-4242**  
NAME COMPANY/FILE# FAX NUMBER  
**Washington** DC **703-808-3470**  
CITY STATE (TELEPHONE NUMBER)

FROM: **Fabrizio L. Pabst** **404-817-8473** **20**  
NAME TELEPHONE TOTAL PAGES (including Cover Sheet)

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DATE: **December 17, 2002** URGENCY: ☐ SUPER RUSH ☐ RUSH ☐ REGULAR  
FAXED BY: **FILE # 077618/00008** CLIENT NAME **FT 106**

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Applicants: Elisabeth M. Denholm, Yong-Qing Lin, and Paul J. Silver  
 Serial No.: 09/715,966 Group Art Unit: 1651  
 Filed: November 17, 2000 Examiner: Moller, M.  
 For: **ATTENUATION OF TUMOR GROWTH, METASTASIS AND ANGIOGENESIS**

**ATL1 #G03874 v1**

Docketed for \_\_\_\_\_  
By: Q18  
Date: 1-4-03

NAME:  
TEL :  
DATE:DEC.26'2002 09:45

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
7218	TX	01	77818#8#917033084242	DEC.26	09:41	020	00H03'31"	ECM	OK

3/5/2003 TC w/ Examin  
re stat- puf

Ans 703 746 5254

Alt: Medium  
mellow

MAR. 5. 2003

5:20PM HOLLAND & KNIGHT  
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**FACSIMILE****TO:**

<b>Group 1600 Before Final</b>	<b>Assistant Commissioner</b>	<b>703-908-4242</b>
<b>NAME</b>	<b>for Patents</b>	<b>FAX NUMBER</b>
<b>Washington</b>	<b>COMPANY/IRIN</b>	<b>703-906-8470</b>
<b>CITY</b>	<b>DC</b>	<b>TELEPHONE NUMBER</b>

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**MESSAGE****Applicants:** Elizabeth M. Denholm, Yong-Qing Lin, and Paul J. Silver**Serial No.:** 09/715,966**Group Art Unit:** 1661**Filed:** November 17, 2000**Examiner:** Moller, M.**For:** ATTENUATION OF TUMOR GROWTH, METASTASIS AND ANGIOGENESIS

ATL 8508674 v1

**TX RESULT REPORT****NAME:****TEL :****DATE:** DEC. 23 '2002 21:45

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
7216	TX	01	48473#077818#00008#91703308422	DEC.23	21:45	000	00H00'00"	G3	NG
OOFF:REDIAL ALL FAIL									

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<b>Group 1600 Before Final</b>		<b>Assistant Commissioner for Patents</b>	<b>703-305-4242</b>
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## MESSAGE

Applicants: Elisabeth M. Denholm, Yong-Qing Lin, and Paul J. Silver  
Serial No.: 09/715,955 Group Art Unit: 1661  
Filed: November 17, 2000 Examiner: Moller, M.  
For: **ATTENUATION OF TUMOR GROWTH, METASTASIS AND ANGIOGENESIS**

**ATL1 010374 v1**

## TX RESULT REPORT

NAME:  
TEL :  
DATE: DEC. 23 ' 2002 21:50

SESSION	FUNCTION	NO.	DESTINATION STATION	DATE	TIME	PAGE	DURATION	MODE	RESULT
7217	TX	01	48473#077818#00008#91703308422	DEC.23	21:50	000	00H00'00"	G3	NG
			00FF:REDIAL ALL FAIL						

## RECORD OF TELEPHONE CONVERSATION

DATE: 12-26-02 9:40

CLIENT/MATTER NO: DOCKET NO: IT 106

PERSON SPOKEN TO: James Johnson

PHONE NO: 703-306-3470 FAX NO.:

RE: IT 106 USSN 09/715,965

Asked for confirmation of receipt of  
Fax on 12/26/02.

12/27 10:45 - James Johnson

Can't tell if received without file

1601 location 703-308-1234 Reception

Sharla to check & call back

12/27 Roxanne - fax center

11:20 12/26 - moved to docketing - call Chapman

12/30 Donna Chapman 703-308-3081

Message

1/3/03 10:45 Chapman called - said if Certif of Transmission  
states fax went on 12/23, it should count as received  
that day. Call her back to check on 1/10/03.

550882.1

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## MESSAGE

Applicants: Elizabeth M. Denholm, Yong-Qing Lin, and Paul J. Silver

Serial No.: 09/715,965

Group Art Unit: 1651

Filed: November 17, 2000

Examiner: Meller, M.

For: **ATTENUATION OF TUMOR GROWTH, METASTASIS AND ANGIOGENESIS**

ATL1 #609874 v1

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

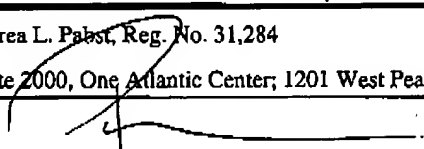
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/715,965
	<b>Filing Date</b>	November 17, 2000
	<b>First Named Inventor</b>	Elizabeth M. Denholm
	<b>Group Art Unit</b>	1651
	<b>Examiner Name</b>	M. Meller
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> IT 106

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Patrea L. Palest, Reg. No. 31,284 Suite 2000, One Atlantic Center, 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400	
Signature		
Date	December 23, 2002	

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$)-0-

**Complete if Known**

Application Number	09/715,965
Filing Date	November 17, 2000
First Named Inventor	Elizabeth M. Denholm
Examiner Name	M. Meller
Group Art Unit	1651
Attorney Docket No.	IT 106

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
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Name

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Holland &amp; Knight LLP

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the aboveidentified deposit account.
**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL (1)** (\$)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent	Multiple Dependent						
21		21	0	0	0	0	0
	3		0	0	0	0	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Release independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$)

\*\*or number previously paid, if greater; For Releases, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity/Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
118	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
126	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$)**SUBMITTED BY**

Name (Print/Type) Patrea L. Paost

Signature

Registration No.  
(Attorney/Agent)

31,284

**Complete (if applicable)**

Telephone 404-817-8473

Date

12/23/2002

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